

UTAH DEPARTMENT OF AGRICULTURE & FOOD
FISH HEALTH PROGRAM

350 North Redwood Road
PO Box 146500
Salt Lake City UT 84114-6500

(801)538-7029
FAX (801)538-7126

FISH HEALTH STATEMENT

I verify, as an accredited AFS fish pathologist, fish health inspector, or official authorized by the Utah Dept Agriculture & Food, that the following aquatic animal species

Species: _____ Age: _____

Number: _____ Lot/Raceway Designation: _____

Scheduled to be exported into Utah from _____

On or about the date(s) of _____

Have been inspected by me, are presently healthy, have been healthy for the past 45 days, and:

1. Have no signs of diseases caused by filterable agents including LMBV (bass only) and IPNV;
2. Have no signs of overt hamburger gill disease (PGD), CCV or ESC of catfish;
3. Have no record of other diseases in overt or clinical state;
4. Have no *Ichthyophthirius multifiliis*;
5. Have no Asian tapeworm (*Bothriocephalus acheilognathi*) (known carriers only);
6. Have no *Bulbophorus confusus* (catfish only).

Comments: _____

To the best of my knowledge, the fish described above meet Utah import requirements.
No further warranty is made or implied.

Signature _____ Date _____

Printed Name _____ Title _____

Address _____

Phone _____

(Please attach most recent inspection reports for each species.)